Programme of Proceedings.

Tuesday, July 30th, 1889.
9.30 A.M.—Meeting of 1888-89 Council.
11.30 A.M.—First General Meeting Report of Council. Reports of Committees; and other business.
4 P.M.—Service in Parish Church. Sermon by the Right Rev. the Lord Bishop of Ripon.
8.30 P.M.—Adjourned General Meeting from 11.30 A.M. President's Address.

Wednesday, July 31st, 1889.
9.30 A.M.—Meeting of 1889-90 Council.
10 A.M. to 2 P.M.—Sectional Meetings.
3 P.M.—Second General Meeting. Address in Medicine by J. Hughlings Jackson, M.D., LL.D., F.R.S.
4.30 to 6 P.M.—Local Entertainment.
8.30 P.M.—Ditto.

Thursday, August 1st, 1889.
9.30 A.M.—Meeting of the Council.
10 A.M. to 2 P.M.—Sectional Meetings.
3 P.M.—Third General Meeting. Address in Surgery by T. Pridgin Teale, M.A., F.R.S., F.R.C.S.
4.30 to 6 P.M.—Local Entertainment.
7 P.M.—Public Dinner.

Friday, August 2nd, 1889.
10.30 A.M. to 1.30 P.M.—Sectional Meetings.
3 P.M.—Concluding General Meeting. Address in Psychology by Sir J. Crichton Browne, M.D., F.R.S.
4.30 to 6 P.M.—Local Entertainments.
8 P.M.—Ditto.

Saturday, August 3rd, 1889
Excursions.

CORRECTIONS AND OMISSIONS FROM THE LIST OF MEMBERS OF THE BRITISH MEDICAL ASSOCIATION, 1888-89.

OMISSIONS.

Anderson, W. Wallace, M.D., 7, Whitehall Terrace, Dennistoun, Glasgow, page xvii.
Balfour, Andrew, M.D., 12, Abercorn Terrace, Portobello, N.B., page xv.
Bampton, A. H.. M.D., Plymouth, Representative on Council of Association, page lii.
Bond, J. H., 26, Western Road, Brighton, page xlv.
Griffith, T. Wardrop, M.B., 23, Park Square, Leeds, page lx.
Hunt, Thomas, M.D., Heywood, Manchester, page xxv.
Martin, T., Esq., Temple Cloud, near Bristol, page v.
Richards, J. Peake, Esq., Middlesex Lunatic Asylum, Hanwell, W., page xxxiv.
Ritchie, James, Esq., Muirkirk, page xix.
Speirs, John L., Esq., 1 Longley Street, Newcastle-on-Tyne, page xxxix.
Sutherland, J. F., Esq., 44, Circus Drive, Glasgow, page xvii.
Thurstan, E. Paget, M.D., Southborough, Tunbridge Wells, page xlix
Vincent, George, M,D., Shouldham, Downham, Norfolk, page xiv.

CORRECTIONS.

Baker, J. B., M.B., 27, Bassett Road, North Kensington, W., *not* Baker, J. B., Esq., 27, Bassett Road, North Kensington, W., page xxxi.
Barker, H. M., M.B., Staincliff, Sandown, Isle of Wight, *not* Barker, H. M., M.B., Slaincliff, Sandown, Isle of Wight, page liv.
Barnes, E. G., M.D., Eye, Suffolk, President of the East Anglian Branch, *not* Elliston, W. A., M.D., Ipswich, page xiii.
Blackett, W. C., Esq., Durham, resigns, *not* dead, page xxxvii.
Brown, J., M.B., Ch.B.Vict., Burwood House, Bacup, *not* Brown, J. Esq., Burnwood House, Mount Pleasant, Bacup, page xxi.
Bush, J. P., Esq., 13, Lansdowne Place, Clifton, *not* Bush, J. P., Esq., Rodney Cottages, Clifton, page iv.
Caldwell, J., M.D., Iron Works, Shotts, *not* Caldwell, J., Esq., Iron Works, Shotts, page xvii.
Callcott, J. T., M.D., Borough Asylum, Newcastle-on-Tyne, *not* Callcott, J. T., M.B., County Asylum, Sedgefield, page xxxviii.
Colles, Abraham, M.D., Wellington, President of West Somerset Branch, *not* Stephens, Edward, Esq., Ilminster, page lviii.
Colquhoun, W. B., Esq., Glenavon, Stoke Newington Common, N., *not* Colquhoun, W. B., Esq., 212, Evering Road, Upper Clapton, E., page xxvii.
Dale H. Ridley, Esq., Villiers Street, Sunderland, *not* Dale, H. Ridley, Esq., 10, Nicholson Street, Sunderland, page xxxviii.
Dobie, W. H., M.B., 23, Upper Northgate Street, Chester, *not* Dobie, W. H., M.B., Northgate House, Chester, page xxi.
Dobie, W. M., M.D., Northgate House, Chester, *not* Dobie, W. M., M.D., 22, Upper Northgate, Chester, page xxi.
Fentem T., Esq., Eyam, Derbyshire (dead), *not* Fentem, T., Esq., Eyam, Derbyshire, page xxxvi.
Garland, O. H., M.D., 35, Charlotte Street, Leith, *not* Garland, O. H., M.B., 35, Charlotte Street, Leith, page xvi.
Harvey, T. P., M.D., 147, London Road, St. Leonard's, *not* Harvey, T. P., Esq., 147, London Road, St. Leonard's, page xlviii.
Havard, David, M.D., Newport, Pembrokeshire, *not* Havard, David, Esq., Newport, Pembrokeshire, page li.
Hirst, S. C., Esq., Planetrees House, Bradford, *not* Hirst, S. E., Esq., Bowling, Bradford, page lx.
Hopwood, Thomas F., Esq., Vine Lodge, Stockton Road, Sunderland, *not* Hopwood, Thomas F., Esq., 9, Vine Place, Borough Road, Sunderland, page xxxviii.
Howden, Robert, M.B., Maitlandfield, Haddington, *not* Howden, Robert, M.B., 42, Gilmore Place, Edinburgh, page xvi.
Hunt, W. A., Esq., Yeovil, President-elect of West Somerset Branch, *not* Colles, Abraham, M.D., Wellington, page lviii.
Hunter, J. Ewing, M.B., Duncairn, Helensburgh, *not* Hunter, J. E., M.B., Duncairn, Helensburgh, page xviii.
Kirby, S. J. J., M.D., Grays, Essex, *not* Kirby, S. J. J., Esq., Grays, Essex, page xiv.
Kirkpatrick, Roger, M.B., Surgeon M.S., Edinburgh, *not* Kirkpatrick, R. R., Esq., Surgeon M.S., Edinburgh, page lxvi.
Legat, A. E., Esq., 18, St. Vincent Street, Sunderland, *not* Legat, A. E., Esq., South Hylton, Sunderland, page xxxviii.
Low, A. Bruce, M.B., 12, Thornhill Crescent, Sunderland, *not* Low, A. Bruce, M.B., 15, Waterloo Place, Sunderland, page xxxviii.
Mackintosh, George D., Esq., 46, Gore Road, Victoria Park, E., *not* Mackintosh, George D., Esq., 46, Grove Road, Victoria Park, E., page xxix.
Maling, E. A., Esq., Carlton House, Sunderland, *not* Maling, E. A., Esq., 48, John Street, Sunderland, page xxxviii.
Maling, W. H., Esq., 15, Waterloo Place, Sunderland, *not* Maling, W. H., Esq., 2, Toward Terrace, Sunderland, page xxxviii.
Middleton, W. R. C., M.B., Royal Infirmary Aberdeen, *not* Middleton, —, M.D., Royal Infirmary, Aberdeen, page iii.
Morton, E., M.D., The Hospital, Newark-on-Trent, *not* Morton, E., M.B., The Hospital, Newark-on-Trent, page xxxvii.
Nattrass. Charles, M.D., 4, Park Terrace, Sunderland, *not* Nattrass, Charles, M.D., Villiers Street, Sunderland, page xxxviii.
O'Connor, Bernard, M.D., Greenhill Park, Harlesden, N.W., *not* O'Connor, Bernard, M.B., Greenhill Park, Harlesden, N.W., page xxxiv.
Ogston, Alexander, M.D., Aberdeen, Representative of Aberdeen, Banff, and Kincardine Branch on Parliamentary Bills Committee, *not* Wight, J., M.D., Aberdeen, page iii.
Pilkington, E., Esq., Humbledon View, Tunstall Road, Sunderland, *not* Pilkington, E., Esq., 92. Frederick Street, Sunderland, page xxxviii.
Ramsay, James, M.D., York, President of the Yorkshire Branch, *not* Wheelhouse, C. G., Esq., Leeds.
Riddell, J. Scott, M.B., 173, Great Western Road, Aberdeen, *not* Riddell, —, M.D., 7, Ferryhill Place, Aberdeen, page iii.
Robinson, W., M.D., Medical Officer of Health, Town Hall, Gateshead, *not* Robinson, W., M.D., Stanhope, *viâ* Darlington, page xxxix.
Saunderson, Robert, jun., M.D., Rhode, Edenderry, King's County, *not* Saunders, R., M.D., Rhode, Edenderry, King's County, page xii.
Scott, J. M., Esq., Kirkhill, Penicuik, N.B., *not* Scott, J. M., Esq., Kirkhall, Penicuik, N.B., page xvi.
Stein, C., M.D., Shipton-on-Stour, *not* Stein, C., Esq., Shipton-on-Stour, page lix
Ward, A. Ogier, M.D., Brook Place, Lower Tottenham, *not* Ward, A. O., M.B., Brook Place, Lower Tottenham, page xxxi.
Watson, J. Coatsworth, M.D., Athenæum Street, Sunderland, *not* Watson, J. C., M.D., Sunderland, page xxxviii.
Watson, P. H., Esq., Jesmond Road, Newcastle on-Tyne, *not* Watson, P. H., Esq., Athenæum Street, Newcastle, page xxxviii.
Wethered, F. J., M.D., 34, Welbeck Street, W., *not* Wethered, F. J., M.B., 34, Welbeck Street, W., page xxxv.
Wigmore, James, M.D., Twerton, Bath, *not* Wigmore, James, M.D., Tiverton, Bath, page v.
Wood, J. C., Esq., 33, Frederick Street, Sunderland, *not* Wood, J., Esq., 33, Frederick Street, Sunderland, page xxxviii.

SPECIAL CORRESPONDENCE.

MEDICAL PARIS OF TO-DAY.

[Letter from Mr. Ernest Hart.]

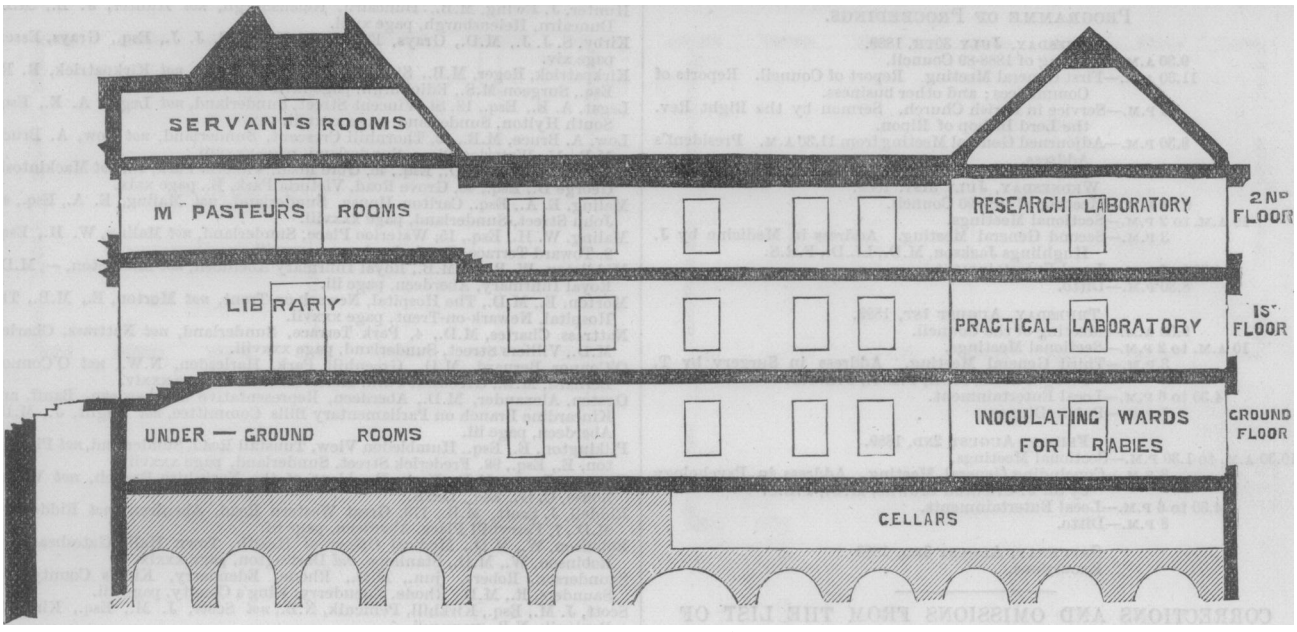
II.

The New Pasteur Institute.—Addresses of M. Bertrand and M Grancher at the Inauguration.—The Complete Statistics of the Antirabic Vaccinations up to this Date.—The Structure and Arrangement of the New Institute: Facilities for Study and for Treatment.—M. Pasteur and the Chancellor of the Exchequer.

Mr. Ernest Hart writes from Paris:

The first visit which one would pay in Paris in commencing an inspection of the institutions of to-day belonging or allied to medical science must of necessity be to the Pasteur Institute, not only because it is a monument of one of the most remarkable modern scientific achievements in the domain of medical science, but also because the opening of the new Institute only a few days since is an event of marked interest in the modern history of biology and medicine in France. In visiting the Pasteur Institute, I had the good fortune of a conversation with M. Pasteur, who was preparing for the transfer of his laboratory to the new building, which was recently opened by the President of the Republic. A brief account has just been issued of the ceremony and of the speeches delivered.

The first address was delivered by M. Bertrand, the Secretary of the Academy of Sciences. It was delivered in the presence of an imposing assembly of distinguished men of science, including representative members of all the academies, most of the ministers, and the *élite* of the senators, deputies, and men of letters of France. M. Bertrand avoided profuse eulogy and biographical details. "Our hopes," he said, "are great, and I need not dwell on them



Section of the Institut Pasteur.

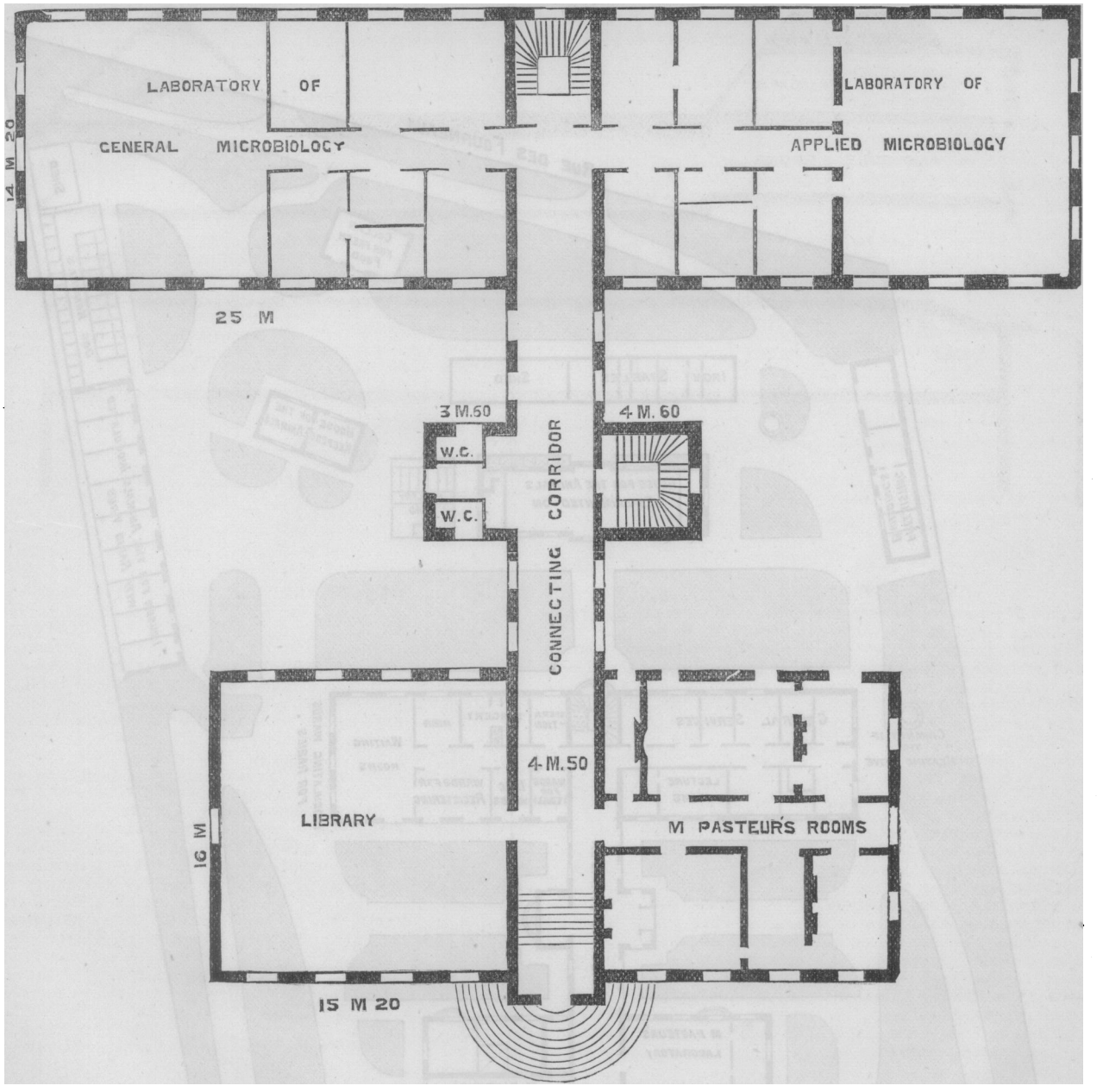
to-day. Let us leave to the future its share of griefs and triumphs. The name of Pasteur does not need further greatness to equal the most illustrious names in history." M. Bertrand recalled a curious anecdote of Émile Verdet, one of the most brilliant of French scientists, who, in 1847, while foreseeing the great career which the eminent capacities of Pasteur merited, expressed his doubts of the future. "Pasteur," he said, "does not recognise the limits of science. I fear for him many sterile efforts. He endeavours to solve insoluble problems." "Is it possible," asked M. Bertrand, "to be more deceived about the problems which for half a century ceaselessly tormented us? It is for us," he said, turning to Pasteur, "to thank you in the name of science, for us to rejoice in the name of humanity, for us to express our mutual gratitude, for us to glorify the name of France which unites us to-day."

M. Grancher gave an interesting review of the first discovery of antirabic inoculation; he described the profound emotion with which the communications of M. Pasteur were received when, on October 26th, 1885, he announced that young Meister had successfully undergone the inoculative treatment for the prevention of rabies. It was easy to understand the hopes and enthusiasm of some and the hostility of others. So rapid and so great was the affluence of patients that M. Pasteur had to improvise an organisation, and the number of patients treated in that year for rabies was 2,682 of French and foreign nationality, each patient receiving an average of fifteen to twenty inoculations.

The health of M. Pasteur was seriously affected by fatigue and emotion; he was obliged to leave Paris before the end of 1886. In the year 1887 first appeared the "Annals of the Pasteur Institute," edited by M. Duclaux, Professor of Chemistry at the Sorbonne. A fierce war was waged against the Pasteurian method, into which it is needless to enter. A Commission was formed in England, which arrived in Paris to investigate the method. According to M. Grancher, its members reached Paris in an incredulous state of mind. M. Grancher would perhaps have used a more accurate expression, had he said that they came in the spirit of philosophical inquiry, ready to be convinced, but desiring above all things to have clear, decisive proof, before giving their adhesion to a new practice carried out by novel methods. After an elaborate inquiry into the facts, the Commission returned to England and repeated the experiments of M. Pasteur. These experiments lasted for more than a year. The conclusion, which was a great disappointment to the enemies, was that M. Pasteur had discovered a preventive method of rabies comparable to that of vaccination against small-pox. The inventor of antirabic vaccination might therefore from that day more than ever pursue his way with head erect, and carry on to accomplishment his glorious task, without allowing himself to be turned aside either by systematic contradiction or by incredulous murmurs of calumny. "M. Pasteur," said M. Grancher, "is an innovator; by his creative imagination and logical habits of observation he has overturned many errors, and built up in their place a new science. His discoveries in ferments, his studies of the generation of infinitely small organisms, of microbes which cause contagious diseases, and of vaccination against these diseases, have been for chemical, veterinary, and for medical science in many respects a radical revolution; and revolutions make enemies."

When, in 1881, at the London Congress, M. Pasteur announced his discovery of the special virus and methods of vaccination against fowl cholera and anthrax, Dr. Koch exclaimed, "It is too good to be true." Three months afterwards, in the *Mittheilungen*, of Berlin, Dr. Koch resolutely took part against M. Pasteur. He has since conceded that this special vaccination is a fact of great scientific importance, but he probably still doubts its effective scientific and practical application. Nevertheless, experiments on vaccination against anthrax were continued; and one of the proofs of its efficacy may be found in the diminution of the once abundant series of cases in the countries where anthrax most prevailed—France, Italy, Hungary, Spain, the Indies—where Pasteurian vaccination is now practised. After concluding his labours on anthrax, M. Pasteur grappled with rabies. His methods are so much opposed to the ordinary doctrines and methods that it is not surprising that his conclusions were at first received with scepticism and opposition. But among the *élite* of physicians the researches were found convincing, and further, there were crowds of patients who flocked to show their confidence in the means of safety he offered to them.

There exist to-day, counting the Institute of Paris, more than twenty antirabic institutes scattered over the world. There are six in Russia: at Odessa, St. Petersburg, Moscow, Cracow, Samara, and Tiflis; five in Italy: at Naples, Milan, Turin, Palermo, and Bologna; one each in Vienna, Constantinople, Bucharest, Rio Janeiro, Buenos Ayres, Havannah, Chicago, Malta; two new laboratories are in course of organisation. The number of persons treated in Paris in 1886 to 1887 and the first half of 1888 amounts to 5,384. The rate of mortality, counting all the deaths, even those seized with rabies immediately after treatment, is, in 1886, 1.34 per cent.; in 1887, 1.12 per cent.; in 1888, 0.77 per cent. If those persons are excluded who succumbed to rabies within the first fifteen days after treatment (for the vaccination, to be efficacious, should be completed before incubation of the virus of the

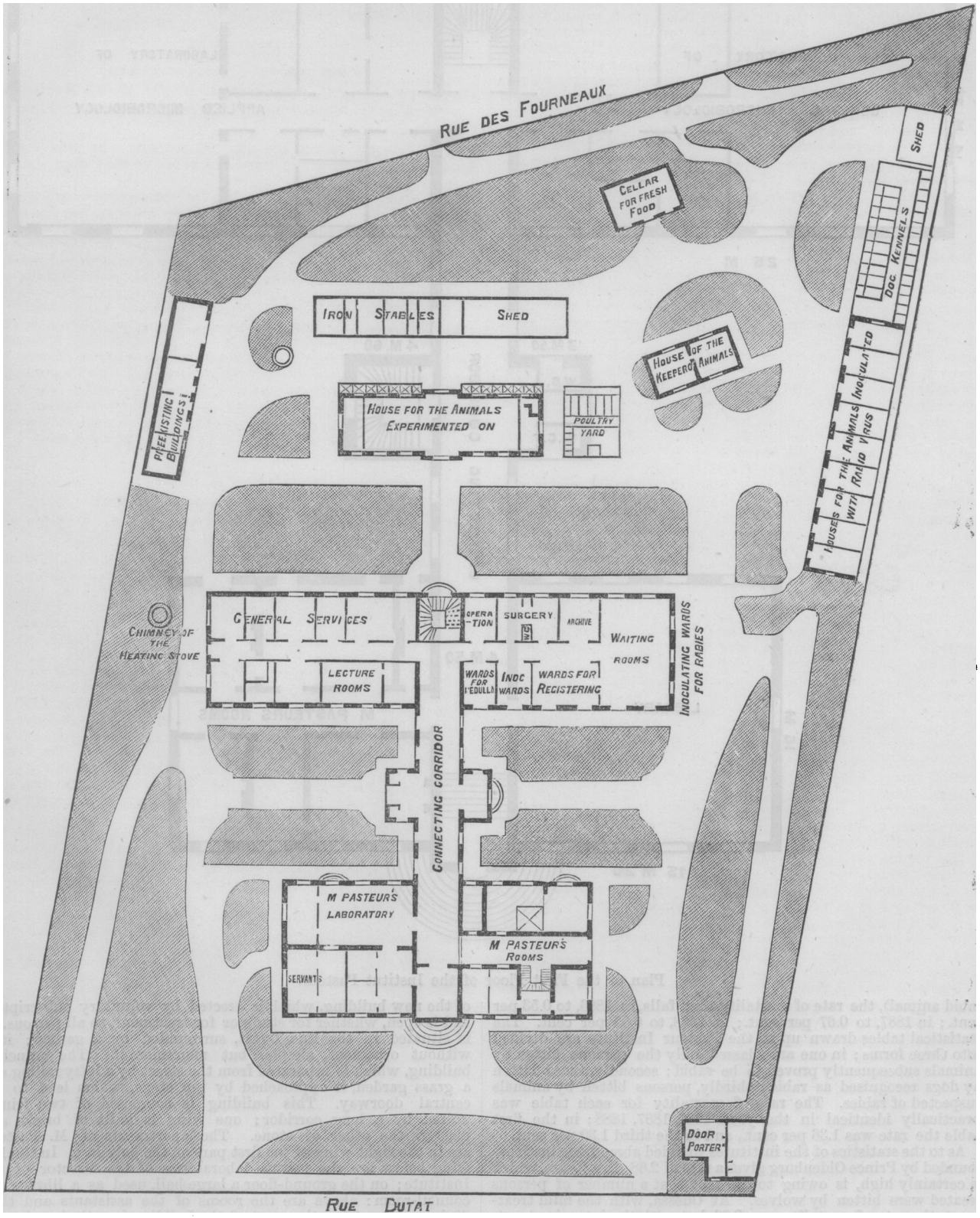


Plan of the First Floor of the Institut Pasteur.

rabid animal), the rate of mortality then falls, in 1886, to 0.53 per cent.; in 1887, to 0.67 per cent.; in 1888, to 0.55 per cent. The statistical tables drawn up at the Pasteur Institute are divided into three forms; in one are classed only the persons bitten by animals subsequently proved to be rabid; secondly, those bitten by dogs recognised as rabid; thirdly, persons bitten by animals suspected of rabies. The rate of mortality for each table was practically identical in the years 1886, 1887, 1888; in the first table the rate was 1.36 per cent., and in the third 1.30 per cent.

As to the statistics of the institutes founded abroad, the institute founded by Prince Oldenburg gives a rate of 2.68; this figure, which is certainly high, is owing to the fact that a number of persons treated were bitten by wolves. At Odessa, with the mild treatment, the rate of mortality was 8.86, but with the intensive treatment, the rate decreased to 1.02 per cent.

It will be interesting to add a short account of the construction of the new building, which is erected by voluntary subscription and is open, whether for study or for treatment, to all persons. It is situated in the Rue Dutat, surrounded by a garden; it is without ornament, simple, but monumental. The principal building, which is separated from the street by a lofty railing and a grass garden, is approached by ten steps, which lead to the central doorway. This building is composed of two wings, united by a long corridor; one wing is built of bricks and plaster, the other of stone. The apartments of M. Pasteur are in the right wing of the first part of the building. In the left wing below are the private laboratories of the director of the Institute; on the ground-floor a large hall, used as a library and council-room: above are the rooms of the assistants and their dining-room. The other part of the building is entirely taken up by the laboratories. The different floors are reached by two staircases, one in the centre of the corridor, the other at the end. On



Plan of the Ground Floor of the Institut Pasteur and its Out-buildings.

the ground-floor of the right wing are all the rooms used for inoculative treatment; waiting-room with a door opening on the garden; hall for registering the cases; inoculation rooms, special rooms for the patients who need to rest, for the preparation and preservation of the spinal cords, for the rabbits, for the dressings, and for the record. In the left wing are the general rooms, comprising a lecture-room, different laboratories. On the ground floor on each side are large laboratories for demonstration, with all their accessories; the right hand side will be devoted to applied microbiology, the left hand to general microbiology. The first floor is taken up by a large laboratory, and a series of small laboratories for pupils or men of science who wish to pursue personal researches at the Institute. Each group of laboratories is furnished with a stove, heated separately by gas, with "thermosyphons" and regulators to insure an unchanging temperature, which is most important in studying the different varieties of virus.

Behind the second building are several other buildings scattered here and there in the garden; first, there is a stable in iron, another stable for rabbits and guinea-pigs, a warren, a kennel, an aviary, and a poultry house. Against the right hand wall there are several little houses for the animals to be experimented upon. Two of these are especially for rabbits which present rabid symptoms; there are special arrangements for regulating the temperature, which must not change, and the floors are arranged for the escape of urine of paralysed animals. The other small buildings are for mad dogs shut up in cages, sheep, etc. In the garden also there are two little houses for the servants of the laboratory, a house for fodder, and for keeping frogs in. The buildings are heated by hot water pipes, constructed by Geneste and Hirscher.

the left is a brick chimney, 30 mètres high.

The general plan of this true palace of the modern science of applied micro-biology will be easily understood from the accompanying plans and section. It is supplied with all the apparatus which experience and technical knowledge can suggest for the study of animal virus and for the cultivation and preventive application of the inoculative fluids which M. Pasteur has introduced as means of preventing disease in animals and men. The therapeutic applications of this knowledge are carefully kept in view and are at the service of the whole world. Students and patients are alike welcomed from all countries. M. Pasteur, in the admirable discourse with which he replied to the words addressed to him by the various orators at the inauguration of the Institute, expressed his gratification and joy on entering the building to which so many nations had concurred in bringing their contributions. "Collective subscriptions, private liberalities, magnificent gifts from those vast fortunes which sow benefactions as the labourers sow wheat, all have combined," he said, "even to the savings of the workman from his salary. Three European Sovereigns have given, by their imperial donations, effective testimony of their sympathy."

It is painful to remember that England, and England almost alone amongst European nations, has approached the Pasteur Institute with empty hands. When I met M. Pasteur yesterday in the garden of his Institute, he said to me, with the simple directness which belongs to his character: "What was the meaning of the answer which the Chancellor of the Exchequer gave Sir Henry Roscoe in the House of Commons last week when he asked if it were the intention of the English Government to contribute, as other nationalities have done so liberally, towards the erection of this Institute, which is created and maintained by voluntary subscriptions?" I repeated the sense of the words of the Minister, that no doubt a considerable proportion of English persons who had been benefited by this Institute were those whose means would enable them to contribute to the Institute. M. Pasteur expressed his surprise at such an answer from a Minister of such a great nation. "Nine out of ten," he said, "of the English who come here are persons of extreme indigence, and the Minister has therefore not taken the pains to inform himself as to the real facts." I did not know how to find any answer which could explain or justify the official declaration. As a matter of fact, there are even now a number of English persons under treatment at the Institute, many of them severely bitten in many places. All persons are received and treated alike with the greatest possible care, and receive personal benefit from this admirable Institute and its devoted officers. Let us hope that either the State or some of its wealthy citizens will wipe away the reproach which now rests upon England, of being willing enough to avail itself of the discoveries and labours of M. Pasteur, and to benefit by his charity, but of having failed to recognise in any practical way the immense benefit conferred on so many of the poorest English subjects.

LIVERPOOL.

[FROM OUR OWN CORRESPONDENT.]

Dr. Barr's Assailant.—Appointment of Dr. Joseph Wiglesworth as Medical Superintendent of Rainhill Asylum.—Epidemic of Measles.

AT the Liverpool Assizes the coloured seaman who wounded Dr. Barr in Kirkdale Gaol was sentenced to six months' imprisonment with hard labour.

Dr. Joseph Wiglesworth, who has for some years been Assistant Medical Officer to the Rainhill County Asylum, has been appointed Medical Superintendent to that institution. Dr. Wiglesworth had a distinguished career as a student in the Liverpool School of Medicine. His appointment will give unmixed satisfaction to his friends and former teachers in Liverpool, and his valuable services in the domain of mental disease mark his selection for the post he will in future fill as a peculiarly happy one.

The death-rate for the week ending December 8th rose to 23.5 per 1,000, the increase being due to an epidemic of measles. Forty-four deaths from this disease were registered during the week, and 292 cases were removed to hospital. The Corporation have asked for a further extension of the time within which the Workhouse Committee would receive from the Corporation, in the Workhouse Hospital, patients suffering from contagious diseases. The request has been acceded to as to cases of measles only.

SHEFFIELD.

[FROM OUR OWN CORRESPONDENT.]

The New Medical School.—Fire at the Infirmary.—Poor-law Fees for Midwifery Cases.—A Self-made Man.

AT the opening of the new medical school there was still a debt hanging over the institution. This, it is hoped, will be cleared off by a continuance of the generous assistance which has already been given to the authorities. In the meantime some of the well-wishers of the school desired to do something to prevent any increase to the debt arising from the expenses (necessarily heavy) attending the opening ceremony, when Sir Andrew Clark gave his valuable address. With this object amateur theatricals were decided upon, and the success which has attended the undertaking has been most gratifying. In all probability more than £100 has been secured by the two performances on the evenings of December 13th and 14th. The attendances were large, and comprised representative people of the district, lay and medical. Dr. Porter acted as manager, and also took a prominent part in the play. The other medical actors were Dr. S. Roberts, Dr. Wynne, and Mr. Percy Barber. They all acted their parts most excellently. The play was Byron's *Married in Haste.*

A slight fire is reported to have occurred at the General Infirmary on December 11th. A cupboard in a bath-room adjoining one of the wards was discovered by the nurse to be in flames. Communication by the speaking-tube was immediately made to the porter's lodge, and the value in a large institution of such rapid means of communicating was well shown, for the porter, in hurrying upstairs, picked up one of the hand-pumps which were kept in the wards, and with this without loss of time was able to play on the flames. In this way the fire was soon put out, and little damage was done. The cause of the fire is not stated.

The Sheffield Board of Guardians have been desirous of getting their medical officers to fall in with the suggestion that a salary should be paid in lieu of fees for midwifery cases, and other extras allowed by the Local Government Board. The medical officers declined to do this, assigning as one reason that it was impossible to tell what the policy of future boards would be in the matter of out-relief, but they were willing to accept a uniform fee of a guinea for all cases of midwifery, ordinary or extraordinary. This the guardians did not accept, and decided to inform the Local Government Board that they could not arrange an inclusive salary with their officers. The guardians, it may be remembered, called attention to what they considered the large proportion of extraordinary to ordinary midwifery cases, the proportion varying with different medical officers. It is not difficult to assign reasons why the number of extraordinary cases in a town like Sheffield must be a large one.

A notable citizen, Rev. Samuel Earnshaw, M.A., has recently passed away at the age of 84. Born of poor parents, and commencing his education at the National School, he graduated at Cambridge Senior Wrangler in 1831, and First Smith's Prizeman. Subsequently he was a most successful "coach," and returned to his native town to become assistant minister at the parish church. His influence was felt for good in every educational cause. For a period of ten years he was Chairman of the Board of the Public Hospital and Dispensary. The Medico-Chirurgical Society deputed its President and Secretary to attend his funeral.

CORRESPONDENCE.

THE ARTERIAL ORIGIN OF HÆMORRHOIDS.

SIR,—Mr. Allingham, jun., in his reply, avoids the direct issue which was clearly defined in my letter of December 3rd. My contention was, and is, that it is an error to describe, as Mr. Allingham does, the arterial hæmorrhoid as a perfectly distinct variety of pile.

Mr. Allingham, jun., in the early part of his first sentence, disclaims the opinion that "piles consist entirely of arteries," but concludes with stating that, for practical purposes, we maintain that the division into capillary, venous, *and arterial hæmorrhoids are facts*, and of practical importance in treatment." The italics are mine. I am at a loss which of these conflicting statements to accept; but as Mr. Allingham, jun., does not appear to repudiate, or wish to modify, anything contained in *Diseases of the Rectum*, I will simply quote a few passages from the last edition, which I think unmistakably convey the impression that the authors believed in the arterial being a distinct variety of pile. On pages 93 and 94 they state that in internal hæmorrhoids "three broadly marked kinds may be observed, namely, the capillary, the arterial, and the venous: at times all perfectly distinct, at others united in the same patient."

Page 96: "The persistent arterial hæmorrhage caused by these capillary, and also by the arterial piles, is far more exhausting than venous hæmorrhage from venous piles." Page 101: "In the arterial (pile) the blood issues *per saltum*, in the purely venous pile it only oozes out and runs away." "The arterial piles are not so much dependent upon constitutional causes, being more particularly a local disease; they are not so affected by excess in diet, etc., and are, therefore, less amenable to palliative treatment. The tumours are not generally so large as in the venous pile." Again, on the same page: "They have a greater tendency to bleed, the blood being of an arterial character." And, finally, on page 93, the authors speak of the arterial structures becoming "circoid or cavernous in nature."

I cannot conceive it possible for any effort of mental ingenuity to escape the obvious inference of these statements, and not to arrive at the conclusion that, when they wrote these statements, the authors believed in the arterial being a distinct variety of pile. In his concluding sentence Mr. Allingham, jun., asks the question: "What becomes of the arteries if they do not go into the piles, and help, in some cases more, some less, to make the hæmorrhoidal tumour?" I will endeavour to convince him by my answer. He will admit, I imagine, that arteries enter most tumours; but surely he will not contend that it is in consequence tumours necessarily owe either their origin, or derive their pathological distinction, from the fact. I can further assure him that the arteries he refers to exist before piles are formed, and can be easily demonstrated in any healthy rectum. That arteries incidentally accompany veins in hæmorrhoids I fully admit; but, as they have a widely different anatomical construction and physiological purpose, and as they are never influenced by any of the causes which produce piles, they never undergo such changes as warrant the title of "arterial hæmorrhoid."—I am, etc.,

Manchester, December 24th, 1888. WALTER WHITEHEAD.

THE FIRST USE OF ANTISEPTICS IN MIDWIFERY.

SIR,—Dr. John Barr Stevens cites a passage from the *Annals of Medicine for 1798*, stating that "mild antiseptics" were used with "a large syringe" on account of "putrescency after labour" *à propos* of his inference that Dr. Routh was not the first Englishman to suggest the use of antiseptics in midwifery. We ascend higher than that in the stream of Time. Let me quote the following passage from the *System of Obstetrics*, by myself and Dr. Fancourt Barnes:

"We ought not to refer to intra-uterine injections to wash away septic stuff without grateful remembrance of Harvey the Immortal, who thus cured a lady in imminent danger of death from septicæmia. It is probable that this practice, although commonly neglected, has never been quite lost light of. Thus John Clarke (1793) has the following: 'An injection of the decoction of bark into the vagina (and uterus, if it be possible) will be found useful, if it be only by washing out any matters that may be there.' Still it is to Braxton Hicks that we are indebted for the revival of the practice."—I am, etc., ROBERT BARNES.

Harley Street, December 22nd, 1888.

UTMOST MANUAL EXTENSION OF HEAD AND NECK FOR RAISING THE EPIGLOTTIS, ETC.

SIR,—Several letters have recently appeared in the columns of the JOURNAL in connection with my paper published in the JOURNAL of November 17th, 1888, to which answers from me may perhaps have been expected. That I may ask as little as possible of your valuable space, I have wished in one letter to meet the points raised by your correspondents respectively.

In answer to Dr. Duke, of Dublin, I would state that I think he is quite correct. Nélaton's theory I have previously shown to be undemonstrable, and had he known that, in putting the patient *tête-à-bas*, he was opening a previously closed air-way—as I have shown it does—I think both he and Sir Joseph Lister, who so warmly endorsed his theory, would have considered the hydraulic explanation of the recoveries wholly or nearly superfluous.

The experience of Mr. Porter, of Linfield, as stated by Dr. Newth, seems to be corroborative, as far as it goes, of the anatomical facts submitted in my paper, while the case reported by Mr. Carson-Smith, of Belfast, in which the relief was so prompt after other methods had been used in vain, appears to have a double significance in favour of utmost manual extension.

In the JOURNAL of December 15th, 1888, is a letter signed James Foulis, M.D. This letter contains reiterated statements which have previously so much misled me, and, by means of a hastily procured endorsement, perhaps others also. I am at last compelled regretfully, and as a matter of courtesy, to refer to them. This letter consists chiefly of what is an alleged quotation from what is stated to be "a paper in the *Edinburgh Medical Journal* in 1880." After a great deal of trouble in order to be more than just in the matter, I regret to state:

1. The quotation from this alleged published "paper" refers chiefly to an alleged instrument. Concerning this instrument, every instrument maker in Edinburgh but one has stated that he had never heard of it. One to whom the gentleman in question referred an applicant stated so lately as December 11th, 1888, that he was then making this instrument for the first time. The quotation from the alleged "paper" consists of remarks made at meetings, partly on May 5th, partly July 7th, 1880, and put together. After the remarks on July 7th, 1880, other speakers followed, not one of whom said a word such as your correspondent could have wished to hear; on the contrary, Dr. Smith said "he had drawn attention to the matters alluded to by Dr. Foulis as far back as 1851;" and Professor Spence said, "the facts brought forward by Dr. Foulis were well known to all anatomists," and, "he would strongly deprecate the multiplication of instruments."

2. On March 5th, or about two months anterior to this, Dr. Foulis related a case, his experience in which seems to have given birth in him to all that followed. This case has been referred to by Mr. Thornton, as showing that so long ago Dr. Foulis himself recognised the value of head and neck extension. In relating that case, however I find, to my surprise, Dr. Foulis is reported to have said at that time: "He had the greatest faith in Howard's method, and related this case to show how efficient it is in urgent cases of asphyxia, however produced." In accordance with my original directions for passive extension, as part of my then method of artificial respiration, "two pillows were placed under the shoulders, and the head allowed to fall well back," when "the air rushed into the chest in a manner delightful to observe." "He mentioned this case to show the great value of a particular method of artificial respiration in cases of greatest urgency, where as in this case the patient could not be moved," for, "He had no hesitation in saying Howard's method saved the patient's life."

To the comments of Dr. Smith, and of Professor Spence, there is little I could wish to add, except to emphasise the denunciation of Professor Spence.